U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215 0188 Expires 11 30 2006

This report is mandatory under PIL 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 UIS C 439 or 440

	For Official Use Only	
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9635 INITIAL FILING	2 Fiscal Year Covered From				
	1 / 1 / [2004 Through IL/ 3/ /2004				
3 Name and address of person filing	4 Name file number and address of labor organization				
Name CRAIG VOTRIAN]	Name OPER PLAS ENERS + COM MASONI INTE				
	Labor Organization File Number 10/3 -909				
PO Box Bldg Room No If any	PO Box Building and Room Number if any				
Street 8 LO LIONS ARIUE	Street 8 20 LIONS DRIVE				
City TR34	City 17204				
State ILLINO 1 ZIP Code + 1 61494	State BLLINDY ZIP Code + 4 6 LL9 4				
5 Position in labor organization					
(except as specified in the exclusions set forth in the instructions) A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively eaking to represent 6 Name and address of Employer (including trade name if any) 7 a Nature of Interest Transaction or Income					
6 Name and address of Employer (including trade name if any) Name	7 a Nature of Interest Transaction or Income				
Trade Name if any					
PO Box Bldg Room No If any	7 b Amount				
Street					
City					
State ZIP Code + 4					
Signature					
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contain d in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions.)					

Date

Telephone Number

Name of Person Filing CRAIL VOTRIAN	File Number U IN TA- FLNC				
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trus in which your labor organization is interested					
8 Name and address of Business (including trade name if any)	9 Business deals with				
Name SMITH BARNEY	1				
Trade Name If any	a Labor Organization				
PO Box Bldg Room No If any SULTE 20	b Trust C Employer				
Street 101 SOUTH HANLL, 11200	_ C Employer				
Ory 57 LOUIS					
State 200 ZIP Code + 4 63 105					
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing				
Name Lampe + LOCAL GO PEO / KILL FO	INVESTMENT MANAGEN				
Trade Name If any					
P O Box Bldg Room No If any					
Street 820 LIONS DRIVE	11 b Approximate dollar value of such dealing 155,893 91				
City TRoy	12 a Nature of interest held or income received				
State ILUNOIS ZIP Code + 4 OLLSY	BALL TICKLTI				
	110 = £ 7 1				
	12 b Amount / bo				
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money					
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment				
Name					
Trade Name if any					
PO Box Bldg Room No if any					
Street					
City					
State ZIP Code + 4					
13 b Is the Business an Employer ! or Consultant [] ?	14 b Amount of payment				

Name of Person Filing CRAIL VOTRAN	File Number U IN TA- FLAC			
B Held an interest in or derived income or economic bill nefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the busines of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any) Name M F N ANU, A L Signur, Cur	9 Business deals with			
Trade Name If any	a Labor Organization b Trust c Employer			
Street 120 WASAINGTON ST.				
State BLLN01 ZIP (ode +4 62249				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such de iling			
Name LAMPL + LOVAL 90 PLON / NTW FO	INVEST MENT MANAGE			
Trade Name if any				
P O Box Bldg Room No If any				
Street 9 D Lions Drivs	11 b Approximate dollar vilue of such dealing 18, 247, 89			
City TROY	12 a Nature of interest held or income received			
State FLUINDA ZIP Cod +4 GVLSG	BALL TICKETS			
	12 b Amount			
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment			
Name				
Trade Name if any				
PO Box Bldg Room No If any				
Street				
City				
State ZIP Code + 4				
13 b Is the Business an Employer or Con_ultant?	14 b Amount of payment			

Name of Person Filing CRAIL VOTRIAN	File Number U IN TAL FLNC				
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8 Name and address of Business (including trade name if any)	9 Business deals with				
Name UM B BONK	Land Commenters				
Trade Name if any	a Labor Organization b Trust				
P O Box Bldg Room No If any	c Employer				
Street 2 SOUTH BRIDGE					
City 57 20011					
State Mo ZIP Code + 4 63 166					
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing				
Name EMPL + LOCAL 90 PLV/HOW FD	INUMTMENT MANAGE				
Trade Name if any					
PO Box Bidg Room No if any					
Street FLO LIONS DRIVE	11 b Approximate dollar vilue of such dealing 8945 94				
City TROY	12 a Nature of interest hilld or income received				
State ILLINO ZIP Code +4 6 LLS4	BALL TICKETS AND MON				
	12 b Amount 383 —				
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money					
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment				
Name					
Trade Name If any					
PO Box Bldg Room No If any					
Street					
City					
State ZIP Code + 4 L					
13 b is the Business an Employer or Con ultant ?	14 b Amount of payment				

Name of Person Filing CRAIL VO TRIAN	File Number U IN TAL FLAU				
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent a (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8 Name and address of Business (including trade name if any)	9 Business deals with				
Name VOLLL, NULLY S, MPON D; AN - ASSUE,					
Trade Name if any	a Labor Organi ation				
PO Box Bldg Room No If any Ju, 74 3	b Trust				
Street 4010 NON-N TELL NUN 67	c Employer				
City BELLEVILLE					
State ZL NO1 ZIP Code +4 6 V LV6					
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing				
Name	ACCOUNT OF AND AUDITING				
Trade Name if any	į				
PO Box Bldg Room No If any					
Street	11 b Approximate dollar value of such dealing 4655				
City	12 a Nature of interest hild or income received				
State , ZIP Code + 4	BALL CKETS				
	12 b Amount /0 S				
C Received from any employer (other than an employer covered unde	er parts A and B above)				
or from any labor relations consultant to an employe any payment of money					
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment				
Name					
Trade Name if any					
PO Box Bldg Room No If any					
Street					
City					
State ZIP Code + 4					
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment				